



Goleta West Sanitary District
PO Box 4
Goleta, CA 93116-0004
805-968-2617

UTILITY WORKER I

Salary Range: 158.3

\$24.12 - \$29.32/hr.

Application Period: Closed on - October 1, 2018 at 5:00PM

BASIC FUNCTIONS OF THE POSITION

Under direct or general supervision, assists in the maintenance, operation and repair of wastewater collection system and pump stations; performs street sweeping duties; and performs related work as required.

This is an entry-level position in the Utility Worker class. Initially under close supervision, incumbent will learn the District wastewater collection system and street sweeping responsibilities, use of tools and equipment and a wide variety of technical tasks, practices and procedures.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

1. Assists in the operation and maintenance of pumps, facilities, office building, vehicles, equipment and lines of the District.
2. Maintains logs and prepares other required reports.
3. Assists in the collection of samples for system operations and the pre-treatment program.
4. Assists in conducting inspections of new construction and connections of District lines to determine compliance with District requirements, and requirements of State and other pertinent regulatory agencies.
5. Prepares technical and administrative reports as requested.
6. Operates District vehicles and equipment in wastewater collection system construction, maintenance, and repair work.
7. Conducts inspections and collects samples for system operations and the pre-treatment program.
8. Responds to collection system emergencies.
9. Performs a variety of semi-skilled heavy labor.
10. Available for stand-by duty and emergencies as needed.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed are representative of the knowledge, skill, and/or ability required.

Any combination of education, training and/or experience that would likely provide the necessary knowledge and abilities for the Utility Worker I position is required. Generally, this will include at least six (6) months of experience in construction, maintenance or mechanical work.

1. Basic knowledge of the principles of wastewater collection system operations.
2. Basic knowledge of the principles and practices of street maintenance.
3. Ability to utilize the materials, methods, tools and equipment used in the construction, maintenance, operation, and upgrading of wastewater collection systems.
4. Ability to analyze data and maintain computer records.
5. Ability to operate motor vehicles and power-driven equipment used in wastewater collection system construction, maintenance and repair work.
6. Establish and maintain cooperative working relationships.
7. Ability to effectively utilize cellular phones including text and voicemail functionality.
8. Ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations.
9. Ability to write reports.
10. Ability to apply mathematical operations to such task as volume calculations for pipes or tanks.

CERTIFICATES, LICENSES, REGISTRATIONS REQUIRED:

Must possess valid California driver's license with acceptable driving history.

Possession of a State of California DMV Class 'B' license with tanker certification within six months, is required.

CWEA Collection System Maintenance Technologist Grade I Certificate within one and one half (1-1/2) years from date of hire.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

While performing the duties of this job, the employee is regularly required to use hands to finger, handle, or feel. The employee is regularly required to talk and hear in ambient noise typical of a construction project. The employee frequently is required to stand, walk, sit, and reach with hands and arms. The employee is required to climb or balance and stoop, kneel, crouch, or crawl. The employee must regularly lift and/or move up to 25 pounds and frequently lift and/or move up to 60 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to focus. Ability to perform heavy physical labor requiring strength, dexterity and agility.

WORK ENVIRONMENT

While performing the duties of this job, the employee is frequently exposed to moving mechanical parts, fumes, unpleasant odors, airborne particles, and toxic or caustic chemicals. The employee is occasionally exposed to wet and/or humid condition, outside weather conditions and vibrations. The noise level in the work environment is usually moderate.

APPLICATION PROCEDURE

A complete District application must be filed with the Office Manager of the District no later than 5:00 P.M. Monday October 1, 2018.

Call for application (805) 968-2617 or the application is available on the District website at www.goletawest.org.

Individuals with disabilities requiring reasonable accommodations in the recruiting process must inform the Office Manager in writing no later than the filing date.

The provisions of this flier do not constitute a contract, expressed or implied, and any provisions contained in this flier may be modified or revoked without notice.

EMPLOYEE BENEFITS

HOLIDAYS - The District offers 12 paid holidays each year.

HEALTH BENEFITS - The District participates in the Public Employees' Retirement System for health benefits. Each employee can choose from a selection of insurance carriers that have contracted with PERS for health benefits.

RETIREMENT - The District participates in both the Social Security and the California Public Employees' Retirement System (CALPERS).

DENTAL - Dental insurance coverage is provided by the District for the employee and all dependents at no charge to the employee.

VACATION - Vacation determined by years of service.
(1 - 5 years = 10 days; 5 - 10 years = 15 days; 10+ years = 20 days)
Vacation days may be accrued up to 2-1/2 times the annual vacation allowance.

SICK LEAVE - Sick leave is accrued at 3.69 hours bi-weekly.

SAFETY BOOT ALLOWANCE/UNIFORMS AND PROTECTIVE CLOTHING - Field personnel shall be entitled to reimbursement for the cost of steel-toe safety boots to a maximum amount of \$150.00 every year. The cost of such uniforms and/or protective clothing that employees are required to wear shall be borne by the District.

DEFERRED COMPENSATION PLAN - The District participates in a Deferred Compensation Plan. Employee participation in this plan is optional.

CREDIT UNION - Membership in the Keypoint Credit Union is available to all District employees.

SHORT TERM DISABILITY (SDI) - Coverage provided for regular employees.

LIFE INSURANCE – Life insurance benefit is provided to all regular employees at no cost to the employee.

LONG TERM DISABILITY – Coverage provided for regular employees commencing the first month following the completion of the probationary period by the employee.

SAFETY INCENTIVE PROGRAM

The District is committed to providing and maintaining a healthy and safe work environment and has a safety incentive program for all regular employees.

SERVICE AWARD SALARY INCREASE – An employee shall receive service awards based upon reaching fifteen (15) years of service and again at twenty (20) and twenty-five (25) years.



EMPLOYMENT APPLICATION

An Affirmative Action/Equal Opportunity Employer

NAME _____ DATE: _____

POSITION APPLIED FOR: _____

Please answer all questions correctly and accurately. All statements in your application are subject to verification. An incorrect statement may bar or remove you from employment. Please type or print. Applications may be mailed to the Goleta West Sanitary District (GWSD), P.O. Box 4, Goleta, California 93116-0004 or e-mailed to info@goletawest.org. A resume may be attached however, this application must be completed.

PERSONAL

Last Name First Name Middle Initial

Present Mailing Address City State/Zip

Permanent Address if different from present address

No: Street City State/Zip

Mobile Phone Home Phone e-mail

Number of Years at present address _____ Are you under 18 years of age? () Yes () No

If selected, can you provide proof of your identity and authority to work in the United States? () Yes () No

Have you ever been in the armed services? () Yes () No If yes, what skills did you acquire from your time in the armed services? _____

Have you ever applied to, or worked for the Goleta West Sanitary District before? () Yes () No

If employed here do you expect to work elsewhere? () Yes () No If yes, please explain _____

Are you able to work any shift or day of the week? () Yes () No

Valid Driver License Number: _____ State: _____

Class A: () Class B: () Class C: () Class M:()

Name: _____

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EDUCATION

Name and Location of High School: _____

Did you graduate? () Yes () No

Did you earn a GED? () Yes () No

Education, Training and Experience

School	Name and Address	Years Completed	Did you Graduate	Degree of Diploma
High School				
College/University				
Vocational/Business				
Other				

List any course(s) or trainings you are currently taking: _____

What business, vocational equipment or machines can you operate? _____

EXPERIENCE

List all positions you have held during the past 10 years starting with your present or most recent position. Account for all periods of unemployment. Resumes may be added but cannot substitute for this section.

May we contact your current employer? () Yes () No

Name of Employer: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone No. () _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From: _____ To: _____

Reason for Leaving _____

Name: _____

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Name of Employer: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone No. () Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From: _____ To: _____

Reason for Leaving _____

Name of Employer: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone No. () Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From: _____ To: _____

Reason for Leaving _____

Name of Employer: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone No. () _____ Your Supervisor's Name _____

Name: _____

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Your Position and Duties _____

Date of Employment: From: _____ To: _____

Reason for Leaving _____

REFERENCES

List below three (3) persons not related to you who have knowledge of your skills, experience and ability.

Name: _____

Address: _____
No. Street City State/Zip

Occupation: _____

Telephone () _____ Number of years Acquainted: _____

Name: _____

Address: _____
No. Street City State/Zip

Occupation: _____

Telephone () _____ Number of years Acquainted: _____

Name: _____

Address: _____
No. Street City State/Zip

Occupation: _____

Telephone () _____ Number of years Acquainted: _____

Name: _____

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AGREEMENT

I authorize investigation of all statements contained in this application form if I am considered for employment. I also authorize previous employers, personal references named, or any other persons to whom the company may refer, to give any and all information regarding my employment or scholastic standing together with any other information, personal or otherwise, that may or may not be on their records.

I understand that misrepresentation or omissions of the facts called for herein, receipt of unsatisfactory references or failure to pass a prescribed physical examination will entitle the District to cease further consideration of my application (or end my employment if I shall have been employed). I further understand if I shall be employed, my employment will initially be on an introductory basis and subject to the District's other policies and procedures.

I certify that all statements made in this application are true and complete, and that any misstatement of material fact will subject me to disqualification or dismissal.

Signature of Applicant

Date